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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90118 021 ****61.25

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DOCUMENT # 755900

1. Corporation Name

WAVERLY PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
495 E WAVERLY PLACE VERO BEACH FL 32960	495 E WAVERLY PLACE VERO BEACH FL 32960

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/14/1981	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 59-2334634	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TYLOR, JAMES III
2770 INDIAN RIVER BLVD SUITE 501
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE	P	☒ DELETE	11 TITLE	~~MAMMARA~~ PRESIDENT	☐ Change ☒ Addition
NAME	ZITSCH, GEORGE		12 NAME	PAM JARRETT	
STREET ADDRESS	515-D N TROPIC LANE		13 STREET ADDRESS	360B EAST WAVERLY PLACE	
CITY-ST-ZIP	VERO BEACH FL 32960		14 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VPD	☒ DELETE	21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	BERTRAND, DEBRA		22 NAME	DEBRA GAW	
STREET ADDRESS	335 DS S WAVERLY PL		23 STREET ADDRESS	335D SOUTH WAVERLY PLACE	
CITY-ST-ZIP	VERO BEACH FL 32950		24 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	SD A1	☐ DELETE	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	VANNAME, LORRAINE		32 NAME		
STREET ADDRESS	425D EAST WAVERLY PL		33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		34 CITY-ST-ZIP		
TITLE	TP	☒ DELETE	41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HALL, JACUQELINE		42 NAME	LOUIS MELLO	
STREET ADDRESS	515 C N TROPIC LANE		43 STREET ADDRESS	510A NORTH TROPIC LANE	
CITY-ST-ZIP	VERO BEACH FL 32960		44 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	☐ DELETE	51 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SCHAFER, RICHARD		52 NAME		
STREET ADDRESS	360 D EAST WAVERLY PLACE		53 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BENCH, ROBERT		62 NAME	MARY EBNER	
STREET ADDRESS	445-C EAST WAVERLY PL		63 STREET ADDRESS	360C EAST WAVERLY PLACE	
CITY-ST-ZIP	VERO BEACH FL		64 CITY-ST-ZIP	VERO BEACH, FL 32960	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J. Schafer 3/15/99 (351) 569-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #